09/14/2010 11:20

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORW 3X	For Other Than An	Authorized Comm	nittee		Office Use Only
NAME OF COMMITTEE (in full)	USE FEC MAILING LAI OR TYPE OR PRINT	BEL Example:If typover the lines	ping, type		
American Association of Or	al and Maxillofacial Surgeo	ns Political Action Comm	iitt-		
				1 1 1 1	
ADDRESS (number and street)	9700 West Bryn Maw	r Ave.			
Check if different than previously reported. (ACC)	Rosemont			<u>"</u>	60018
2. FEC IDENTIFICATION NU	MBER ₩	CITY A	S	TATE	ZIPCODE 🛕
C00005660		3. IS THIS REPORT	NEW (N) OR	AN (A)	MENDED
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report(0) July 15 Quarterly Report(0) October 15 Quarterly Report(0) January 31 Quarterly Report(0) July 31 Mid-Year Report(Non-electi Year Only) (MY) Termination Report(TER)	Q2) (c) 12-Day PRE-Electic Report for t Q3) YE) (d) 30-Day Post -Electic Report for t	he: Convention	on (12C)	X Sep	in the State of
5. Covering Period 0	8 01 201	0 throug	gh 08	3 1	2010
I certify that I have examined this Type or Print Name of Treasurer	Do Do la Data d'Alla	my knowledge and belief	it is true, correct ar	nd complete.	
Signature of Treasurer Electr	onically Filed by Dr. Dav	id Prindiville	Da	te 09	14 2010
NOTE : Submission of false, erro	oneous, or incomplete infor	mation may subject the p	person signing this	Report to the	penalties of 2 U.S.C 437g.
Office Use					FEC FORM 3X

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2/29

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

American Association of Oral and Maxillofacial Surgeons Political Action Committ-

D D " D 3 1 08 0 1 2010 0.8 2010 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date Cash on Hand (a) 2010° 646637.44 January 1 (b) Cash on Hand at 485942.38 Begining of Reporting Period 24030.89 102482.02 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 509973.27 749119.46 6(a) and 6(c) for Column B) 46658.57 285804.76 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 463314.70 463314.70 (subtract Line 7 from Line 6(d)) Debts and Obligations owed the committee (Itemize all on 333.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

FE6AN026

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 29

Write or Type Committee Name

American Association of Oral and Maxillofacial Surgeons Political Action Committ-

Report Covering the Period:

From:

м м 0 8 D D 1

2010

To:

м м 8 0 ^D 31

Y Y Y Y Y 2 0 1 0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	12325.00	48625.00
(ii) Unitemized	11636.00	49096.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	23961.00	97721.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	23961.00	97721.00
Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
to Federal candidates and Other Political Committees	0.00	4000.00
7. Other Federal Receipts (Dividends, Interest, etc.)	69.89	761.02
. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
7. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	24030.89	102482.02
. Total Federal Receipts (subtract Line 18(c) from Line 19)	24030.89	102482.02

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 29

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	450.57	74700 70
	Expenditures	158.57	71799.76
	(c) Total Operating Expenditures	158.57	71799.76
0	(add 21(a)(i), (a)(ii) and (b))	136.37	71799.76
۷.	Committees	0.00	0.00
3.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	46500.00	213500.00
4.	Independent Expenditure		
	(use Schedule E)	0.00	0.00
ō.	Coordinated Expenditures Made by Party Committees (2.LLS C. 441a(d))	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
_	Loop Bonovinouto Mada	0.00	0.00
ь.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
	Refunds of Contributions To:		
	(a) Individuals/Persons Other	0.00	505.00
	Than Political Committees		
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	0.00	505.00
	(add Lines 28(a), (b), and (c))	0.00	505.00
9.	Other Disbursements	0.00	0.00
0.	Federal Election Activity (2 U.S.C 431(20))		
J.	(a) Shared Federal Election Activity		
	(from Schedule H6)		
	(i) Federal Share	0.00	0.00
	(,,	2.22	
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	2.00	0.00
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	46658.57	285804.76
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	(Subtract Line 21(a)(ii) and Line 30(a)(ii)	46658.57	285804.76

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 29

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	23961.00	97721.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	505.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	23961.00	97216.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	158.57	71799.76
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	158.57	71799.76

FE6AN026

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 29 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personal committee to any political committee to describe the name and address of any political committee to describe the name and address of any political committee to describe the name and address of any political action Committee the name and address of any political action Committee the name and address of any personal described by the name and address of any political action Committee the name and address of any political action.	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Rocklin Alling Mailing Address 1957 Hoover Court		Date of Receipt
Suite 206	State Zip Code	0 8 1 8 2 0 1 0 Transaction ID: SA11Al.20208
Birmingham FEC ID number of contributing	AL 35226-3618	Amount of Each Receipt this Period 200.00
federal political committee. Name of Employer Self-Employed	Occupation	
Receipt For: Primary General Other (specify)	Oral Surgeon Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Charles Bode Mailing Address 5750 West Thunderl	oird Road	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Suite H-850 City	State Zip Code	Transaction ID: SA11AI.20215
Glendale FEC ID number of contributing federal political committee.	AZ 85306-4694	Amount of Each Receipt this Period 500.00
Name of Employer Affiliated OMS PC	Occupation Oral & Maxillofacial Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Gordon Brady Mailing Address 1463 Klondike Road		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Suite C City	State Zip Code	Transaction ID: SA11AI.20216
Conyers FEC ID number of contributing federal political committee.	GA 30207	Amount of Each Receipt this Period 250.00
Name of Employer OMS Associates	Occupation Oral Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		950.00
TOTAL This Period (last page this line numb	per only)	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/29 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Association of Oral and Nee	/laxillofacial Su	rgeons Political Action Com	mitt-
Full Name (Last, First, Middle Initial) Dr. M. Braly			Date of Receipt
Mailing Address 620 S. Madison Suite 302			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Enid</u>	State OK	Zip Code 73701-7270	Transaction ID: SA11AI.20217 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		375.00
Name of Employer Medical Plaza	Occupation Oral Surg		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Kirby Bunel			Date of Receipt
Mailing Address 1701 Moores Ln			0 8 0 6 1 2 0 1 0
City Texarkana	State TX	Zip Code 75503	Transaction ID: SA11AI.20219
FEC ID number of contributing federal political committee.	C	73303	Amount of Each Receipt this Period 375.00
Name of Employer Oral & Maxillofacial Surg-	Occupation Oral Surg		
eons Receipt For: Primary General Other (specify)	_ ' ' '	e Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Dr. Frederick Ciabattoni			Date of Receipt
Mailing Address 510 Augusta Drive \	West		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Sinking Spring	State PA	Zip Code 19608	Transaction ID: SA11AI.20226 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10000	375.00
Name of Employer Berks Oral Surgery	Occupation Oral Surg		
Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 375.00	
SUBTOTAL of Receipts This Page (optional)		1125.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 29 (check only one) X 11a 11b 11c 12 13 14 15 16 17
[Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Association of Oral and Ma ee	xillofacial Su	urgeons Political Action Com	mitt-
Α.	Full Name (Last, First, Middle Initial) John Ciabattoni			Date of Receipt
	Mailing Address 1075 Berkshire Blvd Suite 800			08 19 2010
	City Wyomissing	State PA	Zip Code 19610-2034	Transaction ID: SA11AI.20225 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	19010-2034	500.00
	Name of Employer Berks Oral Surgery	Occupation Oral Sur		
	Receipt For: Primary General Other (specify) ▼	- '	e Year-to-Date ▼ 500.00	
– В.	Full Name (Last, First, Middle Initial) Dr. Brent T. Garrison			Date of Receipt
	Mailing Address 8140 Knue Road Suite 200			08 19 2010
	City	State	Zip Code	Transaction ID: SA11AI.20238
	Indianapolis FEC ID number of contributing federal political committee.	C	46250	Amount of Each Receipt this Period 375.00
	Name of Employer Self-Employed	Occupation Oral Sur		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 375.00	
- C.	Full Name (Last, First, Middle Initial) Dr. Barry Hendler			Date of Receipt
	Mailing Address 7901 Bustleton Avenu Suite 304	е		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Philadelphia	State PA	Zip Code 19152-3302	Transaction ID: SA11AI.20242 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10102 0002	375.00
	Name of Employer University of PA Med Cent- er	Occupation Oral & M	on Maxillofacial Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 375.00	
	SUBTOTAL of Receipts This Page (optional) .			1250.00
r	TOTAL This Period (last page this line number			

SCHEDULE A (FEC FO	for each	rate schedule(s) category of the Summary Page (check only one) X 11a 11b	PAGE 9 / 29 11c
NAME OF COMMITTEE (In Fu		or used by any person for the purpose of soliciting political committee to solicit contributions from substitution and solicitical Action Committ-	g contributions ch committee.
ee Full Name (Last, First, Middle In			
Dr. Jeffrey Hitchan Mailing Address 110 Wiscon	sin Avenue	Date of Receipt	
City.	State Zin Co	08 19	2010
City Cranberry Township	State Zip Cod PA 16066		
FEC ID number of contributing federal political committee.	C	Amount of Each Recei	500.00
Name of Employer Self-Employed	Occupation Oral Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Dat	500.00	
Full Name (Last, First, Middle In Dr. Randolph Holly	ial)	Date of Receipt	
Mailing Address 1003 Monro	e Street	08 / D D /	2010
City	State Zip Co	e Transaction ID: SA1	1AI.20246
Endicott	NY 13760-	5221 Amount of Each Recei	pt this Period
FEC ID number of contributing federal political committee.	C		375.00
Name of Employer Associates in OMS	Occupation Oral Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Dat	375.00	
Full Name (Last, First, Middle In Gary Jones	ial)	Date of Receipt	
Mailing Address 93 Aviemor	e Dr	0 8 / D 0 /	2010
City	State Zip Co	1141104011011121	
Pinehurst	NC 28374	Amount of Each Recei	pt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Pinehurst Oral Surgery	Occupation Oral Surgeon		
Receipt For: Primary Other (specify) ▼	Aggregate Year-to-Dat	500.00	
SUBTOTAL of Receipts This Pag	(optional)		1375.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 29 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Association of Oral and Ma ee	Statements may not be sold or used by any person ename and address of any political committee to exillofacial Surgeons Political Action Com	
Full Name (Last, First, Middle Initial) Dr. Robert Lamb Mailing Address 1004 Medical Park Blv City Edmond FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General	State Zip Code OK 73013 C Occupation Oral Surgeon Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11Al.20253 Amount of Each Receipt this Period 375.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Stuart E. Lieblich Mailing Address 34 Dale Road Suite 105 City Avon FEC ID number of contributing federal political committee.	375.00 State Zip Code CT 06001-3659 C	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Avon OMS Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Occupation Oral Surgeon Aggregate Year-to-Date 375.00	
Dr. Jay Malmquist Mailing Address 5415 SW Westgate D Suite L-7 City Portland FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For:	r. State Zip Code OR 97221-2409 C Occupation Oral Surgeon Aggregate Year-to-Date ▼	Date of Receipt M M
Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) .	500.00	1250.00

ITEN	IEDULE A (FEC Form 3X) IZED RECEIPTS formation copied from such Reports and Sta	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 29 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for o	commercial purposes, other than using the range of COMMITTEE (In Full) nerican Association of Oral and Maxi	name and add	dress of any political committee to	o solicit contributions from such committee.
Ful A. <u>Dr.</u>	Il Name (Last, First, Middle Initial) Matthew Monesmith illing Address 721 West 13th Street			Date of Receipt
	Suite 221			08 06 2010
City	y sper	State IN	Zip Code 47546	Transaction ID: SA11AI.20262
FE	C ID number of contributing leral political committee.	C	47340	Amount of Each Receipt this Period 375.00
Nai Sel	me of Employer If Employed	Occupation Oral Surg		
Rec	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 375.00	
B. Day	Il Name (Last, First, Middle Initial) vid Montes illing Address 1212 7th St S			Date of Receipt 0 8 1 8 2 0 1 0
City	у	State	Zip Code	Transaction ID: SA11AI.20263
<u>Fa</u>	urgo	ND	58103-2714	Amount of Each Receipt this Period
	C ID number of contributing leral political committee.	C		500.00
	me of Employer If Employed	Occupation Oral Surg	geon	
Rec	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]
Dr .	Il Name (Last, First, Middle Initial) Robert Nustad illing Address 605 Hillcrest			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	у	State	Zip Code	Transaction ID: SA11AI.20267
<u>Ov</u>	watonna	MN	55060	Amount of Each Receipt this Period
	C ID number of contributing leral political committee.	C		500.00
	me of Employer If-Employed	Occupation Oral Sur	geon	
Rec	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]
SUBT	FOTAL of Receipts This Page (optional)			1375.00
TOTA	AL This Period (last page this line number o	ınlv)		

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedu for each category of t Detailed Summary Pa	the Circle only one)
or for commercial purposes, other than NAME OF COMMITTEE (In Full) American Association of Oral	orts and Statements may not be sold or used by a using the name and address of any political com and Maxillofacial Surgeons Political Action	any person for the purpose of soliciting contributions similate to solicit contributions from such committee.
Full Name (Last, First, Middle Initial Dr. Lee Pollan Mailing Address 4415 Buffalo City North Chili FEC ID number of contributing federal political committee. Name of Employer Lee D. Pollan DMD PC Receipt For: Primary General Other (specify)		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.20277 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initia Dr. David Prindiville Mailing Address 945 Main St. Suite 310 City Manchester FEC ID number of contributing federal political committee.	State Zip Code CT 06040-6064	Date of Receipt M M M / D D / Y Y Y Y Y 0 8 2 0 1 0 Transaction ID: SA11AI.20279 Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Oral Surgeon Aggregate Year-to-Date 500	0.00
Full Name (Last, First, Middle Initia Dr. Thomas Schugel Mailing Address 3700 West 83 Suite 203 City Prairie Village FEC ID number of contributing federal political committee. Name of Employer		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Oral & Facial Surgery Associates Receipt For: Primary General Other (specify) ▼	Oral Surgeon Aggregate Year-to-Date ▼	5.00
SUBTOTAL of Receipts This Page (otional)	1375.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 29 (check only one) X 11a 11b 11c 12 13 14 15 16 16
A	ny information copied from such Reports and for commercial purposes, other than using the	Statements may not be sold or used by any per e name and address of any political committee	son for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Association of Oral and Maee	xillofacial Surgeons Political Action Cor	mmitt-
<u>/_</u>	Full Name (Last, First, Middle Initial) Dr. Gary Seldomridge		Date of Receipt
	Mailing Address 190 Good Drive		0 8 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.20290
	Lancaster	PA 17603	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Conestoga OMS	Occupation Oral Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Dr. Thomas Slack		Date of Receipt
	Mailing Address 3801 Glenkerry Court		08 / 19 / Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.20291
	<u>Portage</u>	MI 49024	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Kalamazoo OMS PC	Occupation Self-Employed	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Shelby Smithey	I	Date of Receipt
	Mailing Address 431 Keisler Drive Suite 101		08 06 7 2010
	City	State Zip Code	Transaction ID: SA11Al.20293
	Cary	NC 27511	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	375.00
	Name of Employer Shelby R. Smithey DDS	Occupation Oral & Maxillofacial Surgeon	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	375.00	
Г			1125.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 29 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	not be sold or used by any persol lress of any political committee to	n for the purpose of soliciting contributions o solicit contributions from such committee.
American Association of Oral and Max ee	killofacial Su	rgeons Political Action Com	mitt-
Full Name (Last, First, Middle Initial) J Alex Tomaich			Date of Receipt
Mailing Address 116 B Street		7.0	08 10 2010
City	State	Zip Code	Transaction ID: SA11AI.20297
Davis	CA	95616	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		375.00
Name of Employer Davis Oral & Maxillofacial Sur	Occupation Oral Surg		7
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		375.00	
Full Name (Last, First, Middle Initial) Charles Tucker			Date of Receipt
Mailing Address 17 Arentzen Blvd Suite 104			08 10 7 9 9 9
City	State	Zip Code	Transaction ID: SA11AI.20300
Charleroi	PA	15022	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Oral Surgery Associates	Occupation Oral Surg		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Robert Walker			Date of Receipt
Mailing Address 5323 Harry Hines Blvd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.20303
<u>Dallas</u>	TX	75309-9109	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		375.00
Name of Employer Self-Employed	Occupation Oral Surg		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	375.00	
SUBTOTAL of Receipts This Page (optional)	l		1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 29 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Association of Oral and Ma:	e name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. John Werther Mailing Address 2011 Murphy Avenue			Date of Receipt
Suite 604 City Nashville	State TN	Zip Code 37203	Transaction ID: SA11AI.20305 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	37200	375.00
Name of Employer Self-Employed Receipt For:	Occupation Oral Surg Aggregate		
Primary General Other (specify) ▼	0 0	375.00	
Full Name (Last, First, Middle Initial) Dr. William Whitlow Mailing Address 1905 East 23rd			Date of Receipt M M D D Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.20308
Hutchinson	KS	67502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		375.00
Name of Employer Self-Employed	Occupation Oral Surç		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Dr. Timothy Zuck			Date of Receipt
Mailing Address 200 East Washington	Street		08 / 031 / 4 2010
City Appleton	State WI	Zip Code	Transaction ID: SA11AI.20310
FEC ID number of contributing federal political committee.	C	54911	Amount of Each Receipt this Period 500.00
Name of Employer OMS Surgical Associates	Occupation Oral surg		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			1250.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 29 (check only one) 11a 11b 11c 12 13 14 15 16 X 17
	Any information copied from such Reports and Sta or for commercial purposes, other than using the n NAME OF COMMITTEE (In Full) American Association of Oral and Maxil ee Full Name (Last, First, Middle Initial)	ame and add	dress of any political committee to	solicit contributions from such committee. mitt-
A.	The Northern Trust Company Mailing Address 1501 Woodfield Road City	State	Zip Code	Date of Receipt M M
	Schaumburg FEC ID number of contributing federal political committee.	IL C	60173	Amount of Each Receipt this Period 20.70
	Name of Employer Receipt For: Primary General Other (specify) ▼	Occupatio Aggregate	n e Year-to-Date ▼ 704.81	CD Interest
В.	Full Name (Last, First, Middle Initial) The Northern Trust Company Mailing Address 1501 Woodfield Road City	State	Zip Code	Date of Receipt M M M
	Schaumburg FEC ID number of contributing federal political committee. Name of Employer	C	60173	Amount of Each Receipt this Period 48.33 Interest
	Receipt For: Primary General Other (specify)	Occupatio Aggregate	e Year-to-Date ▼ 753.14	

SUBTOTAL of Receipts This Page (optional)	•	69.03
TOTAL This Period (last page this line number only)		69.03

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 17 / 2 (check only one)							29	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 21b 27	22 28a	Н	23 28b	24 28c	F	25 29	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name										s
NAME OF COMMITTEE (In Full)										
American Association of Oral and Maxillofa	acial Surgeons Political A	Actio	n Com	mitt-						
Full Name (Last, First, Middle Initial) Paypal						on ID:	: SB21 ement	B.20	204	
Mailing Address 2211 N. First Street				0 ^M 8	М	1	8 /	Ý Ž	01	O Y
,	State Zip Code CA 95131			Amo	unt o	f Each	Disburse	-		
Purpose of Disbursement Paypal collection fee									54.5	3
Candidate Name			tegory/ Γype							
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)									
State: District:										
Full Name (Last, First, Middle Initial) Paypal						on ID: sburse	: SB21 ement	B.20	205	
Mailing Address 2211 N. First Street				0 ^M 8	М	^D 2	24	Y 2	0 1	o ^Y
•	State Zip Code CA 95131			Amo	unt o	f Each	Disburs	emen		
Purpose of Disbursement Paypal collection fee									6.10)
Candidate Name	_		tegory/ Γype							
Senate President	ment For: Primary General Other (specify) ▼									
State: District:										
Full Name (Last, First, Middle Initial) Paypal				Date	of Di	sburse				V
Mailing Address 2211 N. First Street				0 ^M 8	M	[′] 3	80 /	Ž	0 1	ם [*]
•	State Zip Code CA 95131			Amo	unt o	f Each	Disburse			
Purpose of Disbursement Paypal collection fee					_	_			20.90)
Candidate Name			tegory/ Γype							
Office Sought: Senate President State: Disburse	ment For: Primary General Other (specify)									
State. District.										
SUBTOTAL of Disbursements This Page (optional) .			•						81.5	3
TOTAL This Period (last page this line number only)			•	. L						

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Senate

District:

President

1 9	E# 10931233176														
	CHEDULE B (FEC Form 3	Use sepa	arate schedule(s)		OR LIN			R:			PA	GE	18 / 2	29	
T	EMIZED DISBURSEMENT		category of the Summary Page	X	21b 27		22 28a		23 28b		24 28c		25 29		26 30b
	y Information copied from such Reports ar for commercial purposes, other than using													3	
\rangle	NAME OF COMMITTEE (In Full) American Association of Oral and ee	Maxillofacial Surge	eons Political	Action	Comn	nitt-									
	Full Name (Last, First, Middle Initial) Paypal Mailing Address 2211 N. First Street	eet					Date		isburs		SB21E ent		207 0 1 () ^Y	
	City San Jose Purpose of Disbursement	State CA	Zip Code 95131				Amou	ınt o	f Each	n Dis	sburse	men	t this F	_	od
	Paypal collection fee Candidate Name			Cateo Typ	•			•	•	•					
	Office Sought: Senate President State: District:	Disbursement For: Primary Other (spe	General cify) ▼												
	Full Name (Last, First, Middle Initial) The Northern Trust Company Mailing Address 1501 Woodfield	Road					Date		isburs				203 0 1 0) ^Y	
	City Schaumburg	State IL	Zip Code 60173				Amou	ınt o	f Each	n Dis	sburse	-		_	od
	Purpose of Disbursement Bank fee Candidate Name			Cateo Typ			L.			•			70.94		
	Office Sought: House	Disbursement For:		. , , ,	-										

General

SUBTOTAL of Disbursements This Page (optional)	•	77.04
TOTAL This Period (last page this line number only)	—	158.57

Primary

Other (specify)

State:

Any or for	Information copied from such commercial purposes, other		for each o	rate schedule(s) category of the Summary Page		(check o 21b	nly one)	X 23	☐ 24	☐ 25	
or for	or commercial purposes, other	h Reports and Stat	1		1.1	7 27	H 288		28c	H_{29}^{23}	H_3^2
) A	<u> </u>					ny perso	n for the	ourpose of s	soliciting co	ntributions	\Box
\right\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			ame and addres	ss of any political	comn	nittee to	SOIICIT COI	itributions t	rom such c	ommittee	
	NAME OF COMMITTEE (In American Association o ee	•	ofacial Surge	eons Political /	Actio	n Comr	nitt-				
	Full Name (Last, First, Middl ANDY HARRIS FOR CO	•						nsaction ID		20340	
N	Mailing Address PO Bo	ox 1527					0 ^M	3 M / D	25 / Y	ž 0 1 0	Y
	City Annapolis		State MD	Zip Code 21404			Am	ount of Eac	n Disburse		
	Purpose of Disbursement Federal Campaign Contribut	ion								1000.00	-
-	Candidate Name	,				egory/ ype					
C	Office Sought: X Hous Sena Presi	te	rsement For: X Primary Other (spe	2010 General cify) ▼							
	State: MD District:	01		· · ·							
A	Full Name (Last, First, Middl A WHOLE LOT OF PEC TEE	,	ALVA CONG	RESSIONAL	COM	1MIT-	Dat	nsaction ID e of Disburs	ement	20341	
_		ox 1242					0	3 ^M / D	2 5 / Y	ž 0 1 0	Y
	City Tucson		State AZ	Zip Code 85702			Am	ount of Eac	n Disburse	ment this F	'eriod
	Purpose of Disbursement Federal Campaign Contribut	ion					1 L			1000.00	
Ċ	Candidate Name					tegory/ ype					
	Office Sought: X Hous Sena Presi	te dent	rsement For: Primary Other (spe	2010 X General cify) ▼							
	State: AZ District: Full Name (Last, First, Middl						Trai	nsaction ID	: SB23	20326	
E -	BARTLETT FOR CONG	RESS COMMIT	TEE					e of Disburs			Y
_	-	Box 245								ž 0 1 0	
N	City Middletown		State MD	Zip Code 21769			Am	ount of Eac	n Disburse		-
F	Purpose of Disbursement Federal Campaign Contribut	ion								1000.00	_
_	Candidate Name	1				egory/ ype					
	Office Sought: X Hous Sena Presi	te dent	rsement For: X Primary Other (spe	2010 General cify) ▼							
	State: MD District:	06									
1		This Page (options	al)			▶				3000.00	

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s) FOR LINE (check only	NUMBER: PAGE 20 / 29
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 2 28a 28b 28c 29 3
	y Information copied from such Reports and Sta for commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full) American Association of Oral and Maxiee	lofacial Surgeons Political	Action Commi	tt-
	Full Name (Last, First, Middle Initial) BOBBY SCOTT FOR CONGRESS			Transaction ID: SB23.20344 Date of Disbursement
	Mailing Address P.O. Box 251			08 7 26 7 2010
	City Newport News	State Zip Code VA 23607		Amount of Each Disbursement this Period
	Purpose of Disbursement Federal Campaign Contribution Candidate Name		Cotonomi	1000.00
		ursement For: 2010	Category/ Type	
	Senate President	Primary X General Other (specify) ▼		
	State: VA District: 03 Full Name (Last, First, Middle Initial)			Transaction ID: SB23.20333
	BUCSHON FOR CONGRESS Mailing Address PO Box 250			Date of Disbursement M B M B D D D D Y Y Y
	City Newburgh	State Zip Code IN 47629		Amount of Each Disbursement this Period
	Purpose of Disbursement Federal Campaign Contribution	110 47023	• •	1000.00
	Candidate Name		Category/ Type	
	Office Sought: X House Senate President State: IN District: 08	rrsement For: 2010 Primary X General Other (specify) ▼		
	Full Name (Last, First, Middle Initial) CASTLE CAMPAIGN FUND			Transaction ID: SB23.20327 Date of Disbursement
	Mailing Address PO Box 133			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 8 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & G \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & O \end{smallmatrix} \end{bmatrix}$
	City Wilmington	State Zip Code DE 19899		Amount of Each Disbursement this Period
	Purpose of Disbursement Federal Campaign Contribution Candidate Name		Category/ Type	3000.00
	Office Sought: House X Senate President State: DE Disbrace District: 00	x Primary General Other (specify) ▼		
Г	otate. DE District. 00			5000.00

SCHEDULE B (FEC Form 3X)	Use separate schedule(FOR LINE	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	crieck only	22 X 23 24 25 2
Any Information copied from such Reports and Staten	nonte may not be cold or us	27	28a 28b 28c 29 3
or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
American Association of Oral and Maxillof ee	acial Surgeons Politica	l Action Commit	t-
Full Name (Last, First, Middle Initial) CHARLIE DENT FOR CONGRESS			Transaction ID: SB23.20328 Date of Disbursement
Mailing Address PO Box 442			$\begin{bmatrix} \begin{smallmatrix} M & 8 & M \\ O & 8 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 6 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix}$
City Allentown	State Zip Code PA 18105		Amount of Each Disbursement this Period
Purpose of Disbursement Federal Campaign Contribution			1000.00
Candidate Name		Category/ Type	
Senate	ement For: 2010 Primary X Genera	ıl	
President State: PA District: 15	Other (specify)		
Full Name (Last, First, Middle Initial) COBURN FOR SENATE 2010			Transaction ID: SB23.20331 Date of Disbursement
Mailing Address POST OFFICE BOX 977	7		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & R \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 1 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & 1 \end{smallmatrix} O \end{smallmatrix} $
City MUSKOGEE	State Zip Code OK 74402		Amount of Each Disbursement this Period
Purpose of Disbursement Federal Campaign Contribution			1500.00
Candidate Name		Category/ Type	
Office Sought: House Disburse X Senate President	ement For: 2010 Primary X General	ı	
State: OK District: 00	Other (specify) ▼		
Full Name (Last, First, Middle Initial) COMMITTEE TO RE-ELECT NYDIA M. V	ELAZQUEZ TO CONG	RESS	Transaction ID: SB23.20351 Date of Disbursement
Mailing Address 315 Inspiration Lane			$\begin{bmatrix} 0 & 8 & M \\ 0 & 8 & M \end{bmatrix} / \begin{bmatrix} 0 & 3 & 0 \\ 0 & 3 & 0 \end{bmatrix} / \begin{bmatrix} 0 & 1 & 0 & 1 \\ 0 & 2 & 0 & 1 & 0 \end{bmatrix}$
City Gaithersburg	State Zip Code MD 20878	_	Amount of Each Disbursement this Period
			2000.00
Purpose of Disbursement Federal Campaign Contribution			
Purpose of Disbursement Federal Campaign Contribution Candidate Name		Category/ Type	
Purpose of Disbursement Federal Campaign Contribution Candidate Name	ement For: 2010 Primary X Genera Other (specify)	Туре	
Purpose of Disbursement Federal Campaign Contribution Candidate Name Office Sought: X House Disburse Senate	Primary X Genera	Туре	
Purpose of Disbursement Federal Campaign Contribution Candidate Name Office Sought: X House Disburse Senate President	Primary X General Other (specify) ▼	Type	4500.00

	Use separate schedule(s	(check onl	E NUMBER: PAGE 22 / 29 ly one)
ITEMIZED DISBURSEMEN	Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
Any Information copied from such Reports or for commercial purposes, other than us NAME OF COMMITTEE (In Full)			
American Association of Oral an ee	nd Maxillofacial Surgeons Political	Action Comm	itt-
Full Name (Last, First, Middle Initial) DAVID SCOTT FOR CONGRES	SS		Transaction ID: SB23.20345 Date of Disbursement
Mailing Address P.O. BOX 960	821		08 / 26 / 2010
City RIVERDALE	State Zip Code GA 30296	_	Amount of Each Disbursement this Perio
Purpose of Disbursement Federal Campaign Contribution			1000.00
Candidate Name	_	Category/ Type	
Office Sought: X House Senate President	Disbursement For: 2010 Primary X General Other (specify) ▼		
State: GA District: 13			
Full Name (Last, First, Middle Initial) FRIENDS OF JOHN MCCAIN IN	NC		Transaction ID: SB23.20342 Date of Disbursement
Mailing Address PO BOX 1666	4		08 25 7 2010
City ARLINGTON	State Zip Code VA 22215		Amount of Each Disbursement this Perio
Purpose of Disbursement Federal Campaign Contribution			1000.00
Candidate Name		Category/ Type	
Office Sought: House X Senate President	Disbursement For: 2010 Primary X General Other (specify) ▼		
State: AZ District: 00			
Full Name (Last, First, Middle Initial) FRIENDS OF ROY BLUNT			Transaction ID: SB23.20332 Date of Disbursement
Mailing Address PO Box 50100 PO Box 50100			08 11 7 2010
City Springfield	State Zip Code MO 65805	_	Amount of Each Disbursement this Perio
Purpose of Disbursement Federal Campaign Contribution			2000.00
Candidate Name		Category/ Type	
Office Sought: House	Disbursement For: 2010 Primary X General		
X Senate President	Other (specify)		
X Senate President State: MO District: 00	Other (specify)		

CHEDULE B (FEC FOIIII 32	' Use separate schedule(s	(check only	NUMBER: PAGE 23 / 29
 EMIZED DISBURSEMENT	Detailed Summary Page	21b 27	22 X 23 24 25 2 28a 28b 28c 29 3
y Information copied from such Reports ar for commercial purposes, other than using			
NAME OF COMMITTEE (In Full) American Association of Oral and I ee	Maxillofacial Surgeons Political	Action Commi	tt-
Full Name (Last, First, Middle Initial) FRIENDS OF WEINER			Transaction ID: SB23.20346 Date of Disbursement
Mailing Address 1 Ascan Avenue suite 31	#31		$\begin{bmatrix} 0 & 8 & M \\ 0 & 8 & M \end{bmatrix}$ $\begin{bmatrix} 0 & 2 & 6 \\ 0 & 2 & 6 \end{bmatrix}$ $\begin{bmatrix} 0 & 1 & 2 & 4 \\ 0 & 2 & 0 & 1 & 0 \end{bmatrix}$
City Forest Hills	State Zip Code NY 11375	_	Amount of Each Disbursement this Period
Purpose of Disbursement Federal Campaign Contribution			2000.00
Candidate Name	Did so	Category/ Type	
Senate President	Disbursement For: 2010 Primary X General Other (specify) ▼		
 State: NY District: 09 Full Name (Last, First, Middle Initial) GRAVES FOR CONGRESS			Transaction ID: SB23.20329 Date of Disbursement
Mailing Address 2345 Grand, Suit	e 2400		$\begin{bmatrix}\begin{smallmatrix}M&M&M\\0&8\end{smallmatrix}\end{bmatrix} / \begin{bmatrix}\begin{smallmatrix}D&D\\0&6\end{smallmatrix}\end{bmatrix} / \begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Y\\2&0&1&0\end{smallmatrix}\end{bmatrix}$
City Kansas City	State Zip Code MO 64108		Amount of Each Disbursement this Period
Purpose of Disbursement Federal Campaign Contribution			2000.00
Candidate Name		Category/ Type	
Senate President	Disbursement For: 2010 Primary X General Other (specify) ▼		
 State: MO District: 06 Full Name (Last, First, Middle Initial) HARRY TEAGUE FOR CONGRES	S		Transaction ID: SB23.20338 Date of Disbursement
Mailing Address PO BOX 5153 PO BOX 5153			$\begin{bmatrix} \begin{smallmatrix} M & M & M \\ O & 8 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ D & 2 & 0 & 1 & 0 \end{smallmatrix} Y$
City HOBBS	State Zip Code NM 88241		Amount of Each Disbursement this Period
Purpose of Disbursement Federal Campaign Contribution Candidate Name		Category/ Type	1000.00
Senate President	Disbursement For: 2010 Primary X General Other (specify)	. , , , ,	
State: NM District: 02			

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		SBURSEMEN	De	etailed S	category of the Summary Page		À	21b 27	22 28a		23 28b	24 28c		25 29	
	for commercial pur NAME OF COMM	ed from such Reports poses, other than usin MITTEE (In Full) ociation of Oral and	ng the name and	addres	ss of any political	com	nmitte	e to s	olicit con						
_	ee		- Waxiiioiaciai	——	- Cons i onticai i	-CIII	011 0		-						
	JEFF MILLER	First, Middle Initial) FOR CONGRESS								of Dis				37 0 1 0	Y
	Mailing Address	P. O. Box 126							0 0			9		010	
	City Pensacola		State FL	!	Zip Code 32591				Amo	unt of I	Each [Disburs	-		_
	Purpose of Disbu Federal Campaig								L.				100	00.00	
	Candidate Name						atego Type	-							
	Office Sought:	X House Senate President		nary	2010 X General										
	State: FL	District: 01													
	,	First, Middle Initial) SELL FOR CONGF	RESS							sactio of Dis	burser				V
	Mailing Address	607 14th Street Suite 800	, NW						0 8		^D 1	9 /	Ż	0 1 0	1
	City Washington		State DC	1	Zip Code 20005				Amo	unt of I	Each [Disburs			_
	Purpose of Disbu Federal Campaig											-	200	00.00	
	Candidate Name						atego Type	-							
	Office Sought:	X House Senate President	I —	mary	2010 X General										
	State: MI	District: 15													
	JON KYL FOR	First, Middle Initial) USSENATE							Date	of Dis	burser				V
	Mailing Address	PO BOX 10246	i						0 ^M 8	/	2	6 /	2	0 1 0	
	City PHOENIX		State AZ	!	Zip Code 85064				Amo	unt of I	Each [Disburs	-		
	Purpose of Disbu Federal Campaig							$\overline{}$	L.				300	00.00	
	Candidate Name						atego Type								
	Office Sought:	House X Senate President	Disbursement X Prir Oth	nary	2012 General										
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	State: AZ	District: 00													

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SCHEDULE B (FEC Form 3X)	Llas separata sebadula(a)	FOR LINE NUMBER: PAGE 25 / 29											
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(Cried	ck only c	nly one)								——— ¬ -	
	Detailed Summary Page		11b	22 28a	X	23 28b	ŀ	$ \frac{2}{2}$	4 8c		25 29	\square	26 30b
Any Information copied from such Reports and State	nents may not be sold or use				rpos					ntril		\perp	300
or for commercial purposes, other than using the nan													
NAME OF COMMITTEE (In Full)													
American Association of Oral and Maxillo ee	facial Surgeons Political	Action Co	mmitt-										
Full Name (Last, First, Middle Initial) KEVIN MCCARTHY FOR CONGRESS				Trans Date of					23.	203	39		
Mailing Address PO Box 12667				0 8 M / 2 4 / Y 2 0 1 0 Y									
City Bakersfield	State Zip Code CA 93389			Amou	nt o	f Eac	:h I	Disbu	rse	men	t this	Period	k
Purpose of Disbursement Federal Campaign Contribution			\neg	L.			_	_		30	00.00)	
Candidate Name		Category Type	y/										
Office Sought: X House Disburs Senate President	ement For: 2010 Primary X General Other (specify)	71											
State: CA District: 22													
Full Name (Last, First, Middle Initial) LARSON FOR CONGRESS				Trans Date of	of D	isbur	se	ment	23.	203	36		
Mailing Address 29 RUFF CIRCLE				0 ^M 8	М	/ D	1	9 /	Y	ž	0 1 () Y	
City GLASTONBURY	State Zip Code CT 06033			Amou	nt o	f Eac	h I	Disbu	rse				t t
Purpose of Disbursement Federal Campaign Contribution							0		0	20	00.00)	
Candidate Name		Category Type	y/										
Office Sought: X House Senate President State: CT District: 01	ement For: 2010 Primary X General Other (specify) ▼												
Full Name (Last, First, Middle Initial) MARSHA BLACKBURN FOR CONGRES	S INC.			Trans					23.	203	35		
Mailing Address PO Box 682185				0 ^M 8	М	/ D	1	9 /	Y	Ž	0 1) Y	
City Franklin	State Zip Code TN 37068			Amou	nt o	f Eac	h I	Disbu	rse	men	t this	Period	t
Purpose of Disbursement Federal Campaign Contribution				<u></u>	_	_			-	20	00.00)	
Candidate Name		Category Type	y/										
Office Sought: X House Senate President State: TN District: 07	ement For: 2010 Primary X General Other (specify) ▼												
SUBTOTAL of Disbursements This Page (optional)					_		_		_	70	00.00)	$\overline{}$
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TOTAL This Period (last page this line number only)				-	_		_	_		_		

SCHEDIII E B (FEC Form 3Y)

	CHEDULE B (FEC FOIII 3X)		rate schedule(s)		FOR LIN	NE NUME	BER:		PAGE	26 / 29
	EMIZED DISBURSEMENTS		category of the Summary Page		21b 27	22 28			4 Bc	25 2 29 3
	ny Information copied from such Reports and S for commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full) American Association of Oral and Mayee	killofacial Surge	eons Political /	Actio	n Comi	mitt-				
۸.	Full Name (Last, First, Middle Initial) PAUL BROUN COMMITTEE					Dat	te of Disb	ID: SB2		
	Mailing Address P.O. Box 1512					0	8 11 /	26	2	0 1 0 °
	City Athens	State GA	Zip Code 30601			Am	ount of E	ach Disbu		this Period
	Purpose of Disbursement Federal Campaign Contribution								100	00.00
	Candidate Name				tegory/ Type					
	Senate President	bursement For: Primary Other (spec	2010 X General cify) ▼							
 3.	State: GA District: 10 Full Name (Last, First, Middle Initial) PAUL GOSAR FOR CONGRESS							ID: SB2	23.2034	13
	Mailing Address 2222 E. Cedar Ave.					0		^D 2 5 /	y y	010
	City Flagstaff	State AZ	Zip Code 86004			Am	ount of E	ach Disbu		this Period
	Purpose of Disbursement Federal Campaign Contribution								500	00.00
	Candidate Name				tegory/ Type					
	Senate President	bursement For: Primary Other (spec	2010 X General cify) ▼							
_).	State: AZ District: 01 Full Name (Last, First, Middle Initial) POLLAK FOR CONGRESS							ID: SB2	23.2035	52
	Mailing Address 500 Davis Street Suite 812					0	8 ^M /	3 0 /	y y	0 1 0 °
	City Evanston	State IL	Zip Code 60201			Am	ount of E	ach Disbu		this Period
	Purpose of Disbursement Federal Campaign Contribution								100	00.00
	Candidate Name				tegory/ Type					
	Senate President	bursement For: Primary Other (spec	2010 X General cify) ▼							
Γ	State: IL District: 09								700	0.00
	GUBTOTAL of Disbursements This Page (option					:	•		700	0.00
L ¹	TOTAL This Period (last page this line number	only)			•	·				

A.

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I	PAGE 27 / 29	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one)] 22	24 25 26 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)	e and address of any political co	THITIILLEE TO SOIL	Cit CONTINUATIONS	nom sach committee
American Association of Oral and Maxillofa	acial Surgeons Political Act	tion Committ	t-	
Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS			Transaction II Date of Disbur	D : SB23.20349 rsement
Mailing Address P.O. Box 1986			08 / 0	26 2010
City Raleigh	State Zip Code NC 27602		Amount of Eac	ch Disbursement this Period
Purpose of Disbursement Federal Campaign Contribution	lΓ	•		2000.00
Candidate Name		Category/ Type		
Senate President	ment For: 2010 Primary X General Other (specify)	1,750		
State: NC District: 04 Full Name (Last, First, Middle Initial)			Transaction II	D : SB23.20330
ROB WOODALL FOR CONGRESS			Date of Disbur	rsement
Mailing Address POST OFFICE BOX 187	1		08 /	0 0 0 Y 2 0 1 0 Y
City LAWRENCEVILLE	State Zip Code GA 30046		Amount of Eac	ch Disbursement this Period
Purpose of Disbursement Federal Campaign Contribution				1000.00
Candidate Name		Category/ Type		
Office Sought: X House Disburse Senate President X State: GA District: 07 Runoff	ment For: 2010 Primary General Other (specify)			
Full Name (Last, First, Middle Initial) SCHAKOWSKY FOR CONGRESS			Transaction II Date of Disbur	
Mailing Address P.O. BOX 5130			08 / 0	230 7 2010
	State Zip Code IL 60204		Amount of Eac	ch Disbursement this Period
Purpose of Disbursement Federal Campaign Contribution	Г	•		1000.00
Candidate Name		Category/ Type		
Office Sought: X House Disburse Senate President State: IL District: 09	ment For: 2010 Primary X General Other (specify)			
				4000.00
SUBTOTAL of Disbursements This Page (optional)				7000.00
TOTAL This Period (last page this line number only)				

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENT	S Use sepa	arate schedule(s) category of the Summary Page	FOR LINE (check only	NUMBER: PAGE 28 / 29 y one) 22 X 23 24 25 26 28a 28b 28c 29 30b
	y Information copied from such Reports ar for commercial purposes, other than using	•		, , ,	
\rangle	NAME OF COMMITTEE (In Full) American Association of Oral and ee	Maxillofacial Surg	jeons Political A	ction Commi	tt-
	Full Name (Last, First, Middle Initial) WESTMORELAND FOR CONGRE Mailing Address P.O. Box 458	ESS			Transaction ID: SB23.20350 Date of Disbursement O 8
	City Sharpsburg Purpose of Disbursement Federal Campaign Contribution Candidate Name	State GA	Zip Code 30277	Category/ Type	Amount of Each Disbursement this Period 1000.00
	Office Sought: X House Senate President State: GA District: 03	Disbursement For: Primary Other (spe	2010 X General ecify)		

SUBTOTAL of Disbursements This Page (optional)	•	1000.00
TOTAL This Period (last page this line number only)	—	46500.00

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

(Use separate schedule(s) for each numbered line)

PAGE 29 / 29 FOR LINE NUMBER: (check only one)

DEB IS A	ND OBLIGA
Excluding	Loans

-xcidding Loans			, 10			
NAME OF COMMITTEE (In Full) American Association of Oral an ee	d Maxillofacial Surgeons F	Political Action Committ-				
A. Full Name (Last, First, Middle I Illinois Department of Revenu		Nature of Debt (Purpose): State Tax Overpymt for 20- 08 carryover 09				
Mailing Address PO Box 19008	Mailing Address PO Box 19008					
City State Springfield IL	ZIP Code 62794-90	008				
Outstanding Balance Beginning	•		Transaction ID: SD9.18338			
326	.00					
Amount Incurred This Pe	riod Pay	ment This Period	Outstanding Balance at Close of This Period			
0	.00	0.00	326.00			
B. Full Name (Last, First, Middle I Illinois Department of Revenu			Nature of Debt (Purpose): State Tax Overpymt for 20- 09 carryover 2010			
Mailing Address PO Box 19008	3					
City State Springfield IL	ZIP Code 62794-90	008				
Outstanding Balance Beginning	·	Transaction ID: SD9.19670				
7	.00					
Amount Incurred This Pe		ment This Period	Outstanding Balance at Close of This Period			
	.00	0.00	7.00			
1) SUBTOTALS This Period This P	age (optional)	>	333.00			
2) TOTALS This Period (last page th	is line number only)	>	333.00			
3) TOTAL OUTSTANDING LOANS	from Schedule C (last page	only)	0.00			
4) ADD 2) and 3) and carry forward	to appropriate line of Summary	Page (last page only)	333.00			